Network Member Checklist
Considerations for CBOs Deciding to Join a Network

As a result of various health care policy requirements and quality measures, Community Care Hubs (hubs) are emerging across the country. These hubs play an integral role in streamlining access to coordinated care through cross-sector partnerships and contracting with health care organizations. Hubs organize networks of social service providers that address individuals' health-related social needs. They offer centralized administrative and operational infrastructure to support the development of trusted relationships between individuals, the social care sector and the health care sector.

Joining a network creates opportunities to engage in larger-scale contracts and financially viable partnerships for community-based organizations (CBOs) that otherwise might not have the capacity to take on the responsibilities associated with contracting with health care organizations (i.e., payment operations, management of referrals, service delivery fidelity and compliance, technology needs, information security, data collection and reporting). Being part of a network also creates greater parity with large health care entities that might otherwise use their resources to build their own social services instead of contracting for them.

As CBOs explore joining a hub, there are a number of potential benefits to consider:

- Ability to potentially serve more people and target new populations
- Opportunity to benefit from shared resources (e.g., contract negotiations, legal, information technology, human resources), communication and training across many CBOs at minimal cost
- Expanded reach (e.g., statewide coverage, cross coverage to support neighboring CBOs)
- Opportunities for peer-to-peer learning, building internal strength, and cooperation rather than competition

- Improved system-level thinking and ability to identify and address system-wide gaps and share promising practices
- Joint advocacy efforts
- Added strength, expertise, and cross pollination of resources and staff (e.g., registered dietician, marketing person)

Determining whether to become a member of a network requires your CBO to consider mission alignment. CBOs will also need to understand partnership requirements, membership support practices and the overall benefit of shared services gained through your CBO's participation in the network. Appropriately vetting a network and hub ensures that your organization has a clear understanding of how they function, what they offer and what would be required of your CBO to successfully perform as a network member.

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To support CBOs in assessing opportunities to join a network, the below checklist provides important questions for understanding how local hubs operate and manage their networks. The checklist may also inform your organization's decision as to whether to join a network.

NOTE: Some networks may have certain areas fully developed, while others may still be in progress. The considerations below may not always require a Yes for a hub to be considered a viable contracting partner.

Subject Area	Questions to Consider	Yes/No	Notes
Governance	Is there clear mission and vision alignment between the hub and your CBO?		
Governance	Does the hub governance structure involve CBO network members? • If so, how are members involved in governance?		
Governance	Are hub functions and responsibilities (leadership and governance; strategic business development; network recruitment, engagement and support; contract administration and compliance; operations; and information technology and security) centralized with the CCH? If not, how are they handled within the hub?		
Governance	Does the hub have a strategic plan that is regularly updated?		
Partnership	Can a CBO informally join the network, even if it is not yet ready to contract with health care entities? • If so, consider what an informal relationship with a hub would offer.		
Partnership	Does hub leadership have business partnership experience with health care entities?		
Partnership	Does the hub understand the health care marketplace in its service areas and/or does it regularly conduct market research to identify new health care contracting opportunities?		
Partnership	Is there a process to review, modify and execute network member contracts/memoranda of understanding? Does the hub offer opportunities to re-negotiate the terms of the agreements?		

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Onboarding	Does the hub have member vetting criteria that it shares with prospective members? On average, how long does vetting take and what resources does the network member vetting process require of potential members?		
Onboarding	Does the hub provide network members with training and support resources to meet contractual requirements?		
Onboarding	Does the hub have an established member onboarding process? What does that look like?		
Contracting	Does the hub have operational processes clearly defined and guided by policies and procedures?		
Contracting	Does the hub have documentation or training available on payment processes and fiscal management practices?		
Contracting	Does the hub provide documentation on reporting requirements to prospective members? If so, are these requirements that your CBO has the capacity and infrastructure to complete?		
Contracting	Does the hub have established processes for working with network members to develop service packages for contracts?		
Contracting	Does the hub have a transparent process for how it sets pricing for services?		
Contracting	Does the hub ensure/commit to appropriate reimbursement (in any contract) to meet organizational costs or volume of service expectations?		
Contracting	Does the network have established data sharing and reporting policies and procedures?		

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Managing network members	Does the hub have member engagement practices that include clear bidirectional channels of communication? Is there ongoing communication with network members (e.g., newsletters, recurring meetings, etc.?)		
Managing network members	Does the hub have established policies and practices for managing quality assurance across their network?		
Managing network members	How does the hub address underperforming network members?		
Managing network members	Does the hub have established compliance programming (e.g., HIPAA, HITECH)?		
Shared Services	Does the hub have documented processes for developing referral and billing workflows with network members to ensure timely payment? Is the hub willing to change these as needed if issues arise?		
Shared Services	Does the hub have a system to manage service referrals from health care contracting organizations? • What is the referral process like?		
Shared Services	Does the network have information technology (IT) infrastructure with capabilities necessary for managing the sharing, storing, and reporting of protected health and service delivery data? • Does the IT infrastructure accommodate or incorporate your infrastructure?		
Shared Services	Does the hub make contracting service and performance data available to its members? • If so, how is that data made available?		
Shared Services	Does the hub have legal counsel necessary for contractual activities?		

Subject Area	Questions to Consider	Yes/No	Notes
Shared Services	Does the hub have an established training program for network members? • Do training courses offer guidance on compliance programming to meet health care contracting standards? • Are examples of best practices shared across the network? • Does the training cover requirements for your CBO? • Does the training cover requirements for staff performance and programmatic requirements? • Is regular information provided on emerging health care policies, programs, and market trends related to CBO/network health care contracting?		
Shared Services	Does the hub provide sales and marketing support to promote network service packages?		

To prepare for successful participation in a Community Care Hub that is delivering services to clients through contracts with health care organizations your CBO will need to strengthen its business acumen to be able to adapt and change as cross-sector partnerships present themselves in a changing health care landscape. CBOs interested in pursuing health care contracting opportunities will want to assess their readiness to execute and manage contractual expectations from a business operations perspective. Access the **Aging and Disability Business Institute's CBO Readiness Assessment Tool** at **www.aginganddisabilitybusinessinstitute.org /assessment-tools/readiness-assessment** to gauge your organization's readiness for partnership in the following business and management competency areas:

1. Leadership
2. Strategy and Planning
3. Market Awareness and Orientation
4. Management and Operations
5. Partnership Development
6. Financial Acumen